



MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name			Office:	
GERALD M. DAY	1.5		☐ House	ite
Mailing address			District	ettina kuthii
15 HAMLIN ROAD			11	
City, zip code	eret in salistral alterna, et ralisalted mil elimesetrosa lisali	тістін шеме et i mene i kahi i medi i imi ini mene i ni hiri himne i ni ini mu i mene i ann p permangrapa yang	Phone	Palabeleteleteleteleteleteleteleteleteletele
Falmouth 04105	•		(207) 797-5309	Ĵ
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PART 1. INCOM	E DERIVEI	D FROM EMPLOYMENT BY ANO	FHER	
List the name and address of each employer fro economic activity of each employer.	om whom yo	u received compensation of \$1,000 or	more. Specify the principal ty	ype of
Name of Employer		Address	Principal Type of Econon Activity of Employer	nic
	10 6+0	ite House Station		
State of Maine			Lawmaker	
and the second s	Haga	sta, ME 04333	LAWIIIAN CK	
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PART 2. INC	OME DER	IVED FROM SELF-EMPLOYMEN		
(Fo	r Legislator	rs who are self-employed.)		
A. List the name and address of your business, associated with a partnership, firm, professional entity.				
	de de transport y metropele productive plante productive plante productive de producti	gennaminan kanna ugugunaan maan kannaminin k	Major Areas of Econom	ìiC
Name and Address of Business Entity		Major Areas of Economic Activity (self)	Activity (partnership, association or si	imilar
			business entity)	nder en
Name:		- Constitution of the Cons	· ·	
Address: NONE				
Name:				
Address:			VA A7	
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PART 2 (continued). INCOME DERIVED F (For Legislators who are self-		MENT
B. List each source of income derived from self-employment that represents greater, and specify the principal type of economic activity of the entity or p disclosure is prohibited by law, rule, or an established code of professional ettentity or person from whom the income was derived.	person from whom you do	erived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	evis) well-till	
Address: None		HAND TO STATE OF A STA
Name: Address:	**************************************	
PART 3. MAJOR AREAS O (For Legislators who are attorney:	s-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major ar	y typica y principa i wana ipanja in y in a y i	فالمشه واستراه والمستران و
Name and Address of Firm	Major Areas of Prac (self)	tice Major Areas of Practice (firm)
Name:	***************************************	
Address: N/A		
Name:	Annual designation of the second seco	indictory common on the common of the common
Address:		-a-composition
BART A OTHER COURCES	OF INCOME	
PART 4. OTHER SOURCES List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this		ts. If none, check the box
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this		ts. If none, check the box.
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this		ts. If none, check the box. Kind of Income (investments, leases, etc.)
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this None Name and Address of Source Name: Marke Public Employees Retirement Syste	s form. Do not include gif	Kind of Income
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this None	s form. Do not include gif	Kind of Income
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List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this None Name and Address of Source Name: Maine Public Employees Retirement System Address: 46 State House Station, Augusta, ME or Name: U.S. Government	s form. Do not include gif	Kind of Income (investments, leases, etc.)
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List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this Name and Address of Source Name: Maine Public Employees Retirement System Address: 46 State House Station, Augusta, ME of Name: U.S. Government Address: Washington, D.C. PART 5. REPORTABLE LI List the names of creditors for any unsecured loans of \$3,000 or more that the second	s form. Do not include gif ### A3:33 - 00 46 ABILITIES you received during the rece	Kind of Income (investments, leases, etc.) PENSION SOCIA Security
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this Name and Address of Source Name: Marke Public Employees Retirement System Address: 46 State House Station, Augusta, ME or Name: U. S. Government Address: Washington, D. C. PART 5. REPORTABLE L List the names of creditors for any unsecured loans of \$3,000 or more that y areas of economic activity of each creditor. Do not list credit card liability or loans.	s form. Do not include gif ### A3:33 - 00 46 ABILITIES you received during the rece	Kind of Income (investments, leases, etc.) PENSION SOCIA Security
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List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this None Name: Marke Public Employees Retirement System Address: 46 State House Station, Augusta, ME of Name: U.S. Government Address: Washington, D.C. PART 5. REPORTABLE LI List the names of creditors for any unsecured loans of \$3,000 or more that areas of economic activity of each creditor. Do not list credit card liability or load Name and Address of Creditor	s form. Do not include gif ### A3:33 - 00 46 ABILITIES you received during the rece	Kind of Income (investments, leases, etc.) PCNS(ON) SOCIA Security reporting period, and list the major e, check the box.
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List the specific source of each gift	of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source.
none, check the box.	
☑ None	
Name of Sou	rce of Gift Name of Source of Gift
1.	3.
2.	
	PART 7. REPORTABLE HONORARIA
	PART 7. REPORTABLE HONORARIA epted for appearances or speeches related to your legislative responsibilities. If none, check the bo

PA	RT 7. REPORTABLE HONORARIA
List the source of any honoraria accepted for appear	arances or speeches related to your legislative responsibilities. If none, check the box.
☑ None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	4.

PART 8. REPRESENTATION	BEFORE STATE AGENCIES
List each executive branch agency before which you represented or box.	assisted others for compensation of any amount. If none, check the
☑ None	
Name of Agency	Name of Agency
1.	3.
2.	4.

PA PA	RT 9. BUSINESS W	ITH STATE AG	SENCIES		
List each executive branch agency to which y \$1,000 during the reporting period. If none, ch	ou or a member of you eck the box.	ur immediate fam	nily sold goods or	services with a va	alue in excess of
None	es broughe greund de entre de la company de green de l La company de entre de la company de la compa	prosen lises Verlanding to Kelgennije, krisse vinder de Artinopy (1994), een green beken ferste verbeer (1994)	ስተመሰቀት መጀመሪያ የመጀመሪያ ያለው ነው። የመጀመሪያ የመጀመሪያ	004#1:AmmiDasiMamAf\$\[\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	cermentahangahaliphikanggili (dibilibara cana dadahana) ilanggap
Name of Agency	Administrative for the second of the Administrative for the second of th		Name o	f Agency	
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PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,000 or more of income, their name and job title are listed. Do not include gifts.

Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name: SANDRAM. DAVIS JOB TITLE: Education technician/data SPECIALIST	1. education 2. u.s. government 3.	Spouse)or Domestic Partner	1. employment 2. social security 3.
		Dependent Child	Technique de la companya de la comp
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child	от под
		Dependent Child	The second secon

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		ADI	DITIONAL INF	ORMATIO	N		
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PART 11. OFFICER OR DIRECTOR POSITIONS